

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health
Health Professional Licensing Administration



**APPLICATION INSTRUCTIONS AND FORMS FOR A LICENSE
FOR A NATUROPATHY REGISTRATION
IN THE DISTRICT OF COLUMBIA**

You interest in becoming registered as a Naturopath in the District of Columbia is welcomed. We look forward to providing expedient and professional service. However, the quality of our service is dependent on the completeness of your application. Please read these instructions carefully. All fees are earned when paid and cannot be transferred or refunded except as specified in these instructions.

This package contains the forms to apply for a naturopath registration in the District of Columbia. Follow the instructions provided below and complete all sections. If you require more space for work experience or need to provide explanations for screening questions, attach typed responses to the form.

THE APPLICATION PROCESS

Upon submission of the required application documents, the District of Columbia Department of Health – Health Professional Licensing Administration Registration Program will review your application. Upon final approval you will be issued a registration to practice in the District of Columbia.

If you submit an application that is incomplete or otherwise deficient, HPLA's processing staff will notify you of the deficiencies. If the DOH/HPLA Registration Program has questions or concerns, you will also be notified.

WHERE TO FILE

All documents should be sent to the following address:

Department of Health
Health Professional Licensing Administration
Naturopath Registration
717 14th Street, NW
Suite 600
Washington, DC 20005

If you have any questions, call DOH/HPLA's Customer Service line at 1-888-374-1152 between 8:00 a.m. and 5:00 p.m. EST Monday through Friday. Please read these instructions carefully to facilitate prompt processing of your application. Illegible applications and applications submitted without required signatures or with incorrect fees will be returned in their entirety, including fees. Please print or type all information except signatures.

Pending registration applications will become invalid after 90 days if the application has not been completed due to failure to submit required materials. Should the applicant wish to pursue registration after that time, s/he must submit and pay the required fee once again.

GENERAL REQUIREMENTS FOR ALL APPLICANTS

All applicants for a naturopathy registration in the District of Columbia shall meet the following requirements:

1. Applicant must be at least 18 years of age.
2. Applicants must not have been convicted of a crime or moral turpitude which bears directly on the applicants fitness to be registered; and

All applicants must submit the following in order to be considered for registration:

3. A complete and signed application, including required supporting documents;

4. Please submit two (2) identical, recent passport-size photographs (2x2 inches in size) on a plain background, which are front-view and fade-proof. The photos must be original photos and cannot be computer-generated copies or paper copies. In addition, we will not accept 3x3 or larger Polaroid - type photos. Please be sure to mail in your two photos and write on the back of the photos your full name and either your license number or Social Security Number. Photos will be placed on the pocket registration.
5. You will also need to submit one (1) **clear photocopy of a government issued photo ID**, such as your valid driver's license, as proof of identity.
6. Signed Naturopathy Statement verifying that you have read and understand DC Law 6-99 (District of Columbia Health Occupations Revision Act of 1985), and rules for the practice of naturopathy (District of Columbia Municipal Regulations, Title 17, Chapter 50).

COMPLETE THE REGISTRATION APPLICATION

Section 1. Requested Registration Type/Fees

- a. The method of becoming registered in the District of Columbia is outlined below. The one letter code/abbreviation for the origin is indicated in parenthesis. Check the origin code/description on the "Method (Origin) of Application" line in section one of your registration application.

Other (O) No proof of examination or endorsement is required

- b. Check the abbreviation and corresponding registration description for the registration type for which you are applying on the "Requested Registration Type Code " line provided in section 1 of the application. The following registration types are available:

Registration Abbreviation	Registration Description
NAT	Naturopath

- c. No specialties are available for this registration type. The abbreviation n/a and the "not applicable" description are provided on the "Requested Specialty" line in section one of the application.
- d. Should you need to obtain additional copies of your registration to comply with laws and regulations pertaining to displaying your registration at each office where you conduct business, you may order up to five (5) duplicate registrations (for \$34 fee each, etc.). Mark the "duplicate registrations" box and indicate the number of duplicates needed on the line provided. Indicate the total amount due for duplicates on the line to the right.

You may pay the application and registration fee by a single check or money order. It is recommended that you pay by check, so that you have ready proof of payment. Checks or money orders should be made payable to DC Treasurer and submitted with your registration application packet. Do **NOT** send cash. Please print your name on your check, if it is not pre-printed. The application portion of the fee is **NOT** refundable. The registration fee portion of the payment is refundable in the event of final denial of a registration or a request from an applicant to close the application request. In the latter event, you will have to file all documents again, should you subsequently decide to apply for registration. It will take approximately six (6) weeks after denial or withdrawal for you to receive your refund. For your information, the application and registration fee portion of each application method are listed below:

Registration Type	Application Method	Application Fee	Registration Fee	Total Due
NAT	Other (O)	\$85	\$145	230

The Total Due amount fee is the fee that must be paid for your DC Registration to be processed. Your new registration fee includes one new registration print showing the new effective date and expiration date. A charge of 65.00 will be imposed for dishonored checks (Public Law 89-208).

DC Naturopathy registrations expire on February 28 of even numbered years. Your final registration will be valid for the balance of the current renewal cycle. You will be mailed a renewal notice (to your address of record) approximately three (3) months before the expiration of your registration/certification. Upon completion of the renewal questionnaire and payment of the renewal fee, your registration will be renewed for a two-year period. You should know that you are required by regulation to report all changes of your business or residence address to DOH/HPLA on behalf of the Registration Program. HPLA will update the address change in your database record. Requests for address change should be made via a letter. Send the letter to HPLA at the address in the middle of page 1. Without an updated address, you may not receive your renewal notice.

Section 2. Applicant Name/Demographic Information

Enter your legal name exactly as it should appear on the registration. All applicants must be at least 18 years of age.

Section 3. Supporting Documents Required

The required supporting documents are listed in this section. Place an "X" in the "YES" box for each item you have included with your application package or requested to be sent under separate cover to DOH/HPLA Registration Program.

Section 4. Previous Names

List any other names you have used in the past on the lines provided. If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, court order or spouse's death certificate.

Sections 5A & B. Home Address/Business Address

Include both your home and business addresses in the sections provided. Even if you have a PO Box, a street address should also be provided.

Section 5C. Preferred Mailing Address

Place an "X" in the appropriate box to indicate your preferred mailing address. This will be the address to which all future licensing documents will be mailed.

Section 6A. Professional Schools Attended

List all schools that you have attended in reverse chronological order, beginning with the most recent at the top.

Section 6B. Postgraduate Experience

List all experience since graduation from medical/professional school in reverse chronological order, beginning with the most recent at the top.

Section 6C. Professional Registrations In Other States/Jurisdictions

List all states and jurisdictions in which you have ever been registered.

Section 7. Screening Questions

If you answer "yes" to questions B through J, then please provide a complete typed explanation on a separate sheet of paper. If more space is required to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2514.

Section 8. Registration Affidavit

By signing the application you are attesting under penalty of perjury that all information and attached documents are true to the best of your knowledge.

REMINDER

The registration law required that certain parishioners of naturopathy in the District of Columbia shall provide clients or patients with a notice of the practitioners scope of practice. Such notice, as required, may be printed on the reverse side of name/calling cards as a convenience to the practitioners. You are also reminded that a similarly worded notice as specified in the registration law, shall be posted "...in a prominent place, in printing of a size to be easily readable in each office or location of practice".

ADDITIONAL APPLICATION FORMS

If you need additional copies of this application package, you may visit DOH/HPLA website at www.hpla.doh.dc.gov or call HPLA's Customer Service at 1-877-374-1152. The forms that make up this package are:

Chapter 50 Naturopathy Regulations
 Naturopathy New Registration Instructions
 Naturopathy New Registration Application
 Naturopathy Statement

SUMMARY OF APPLICATION REQUIREMENTS

The following chart shows the application submission requirements for all application methods. The law governing naturopathy registration in the District of Columbia is D.C. Law 6-99, The Health Occupations Revision Act of 1985. The regulations governing naturopathy registration are included in DC Municipal Regulations Title 17, Chapter 50. Any conflict between these instructions and the law and regulations is inadvertent. The law and the regulations take precedence in the event of any inadvertent conflict. Please contact the Department of Health/Health Professional Licensing Administration Program if you have any questions regarding the interpretation of these laws as they pertain to your particular situation.

SUMMARY OF NATUROPATHY REGISTRATION REQUIREMENTS

Registration Type	Application Method	Signed Application	Two "2x2" Photos	Signed Naturopathy Statement	Copies of Legal Name Change Documents	Check or Money Order
NAT	Other (O)	X	X	X	X	\$230

X = Required

O = Not Required

If your name has changed at any point since you first attended a college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents include a marriage certificate, divorce decree, court order or spouse's death certificate.

Check or money order MUST be made payable to **DC Treasurer**.

NATUROPATHY STATEMENT

This certifies that I have read and understand the provisions of the Health Occupations Revision Act of 1985 (District of Columbia Code, 12981 Edition, Title 2, Chapter 33, Section 2.3301-2-3312) and Title 17, District of Columbia Municipal Regulations *DCMR), Chapter 50 Naturopathy.

Signature

Name (Printed or Type)

Date